

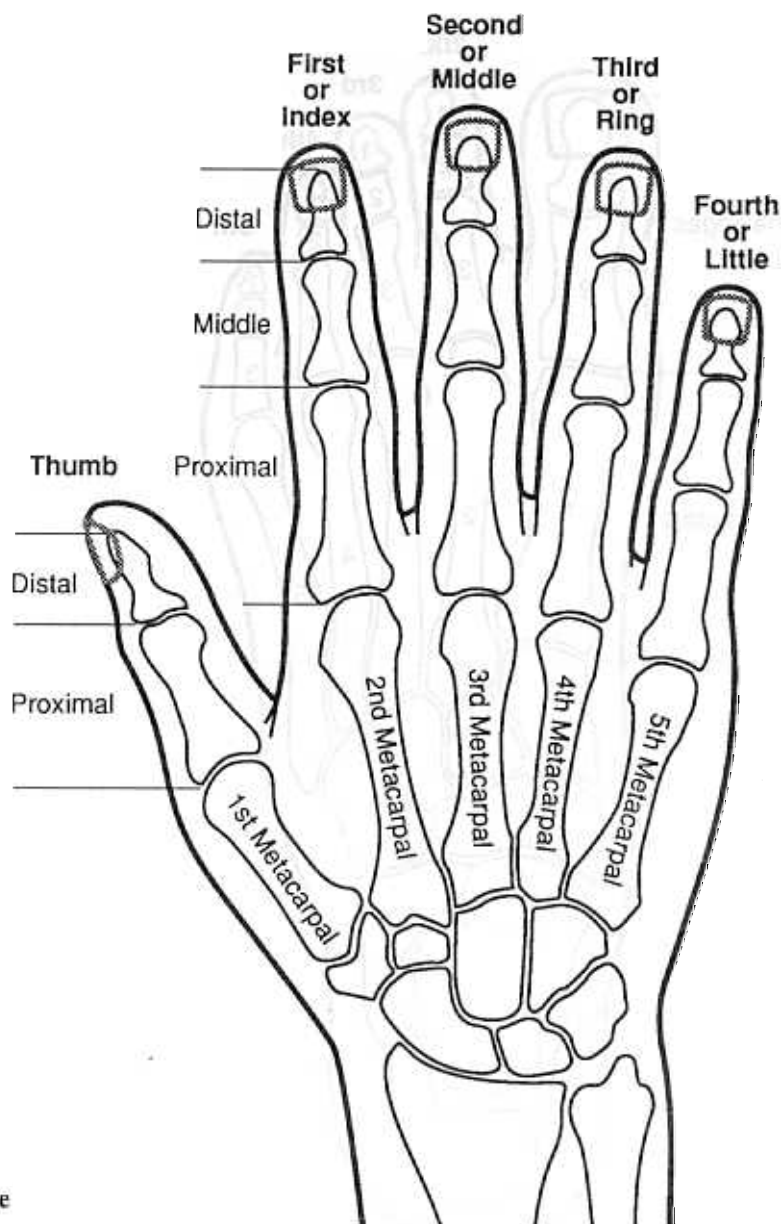
Amputation Chart

Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

The boxes to the right are for the use of the insurer	Reserved	VWC file number
	Insurer code	insurer location
	Insurer claim number	

Employer		
Name of employer	Date of accident	Date of amputation
Employee		
Name of employee	Social Security Number	

Which hand?



See FOOT on reverse
of this form

Signature		
Chart marked by _____ M.D.	Date _____, 19 ____	

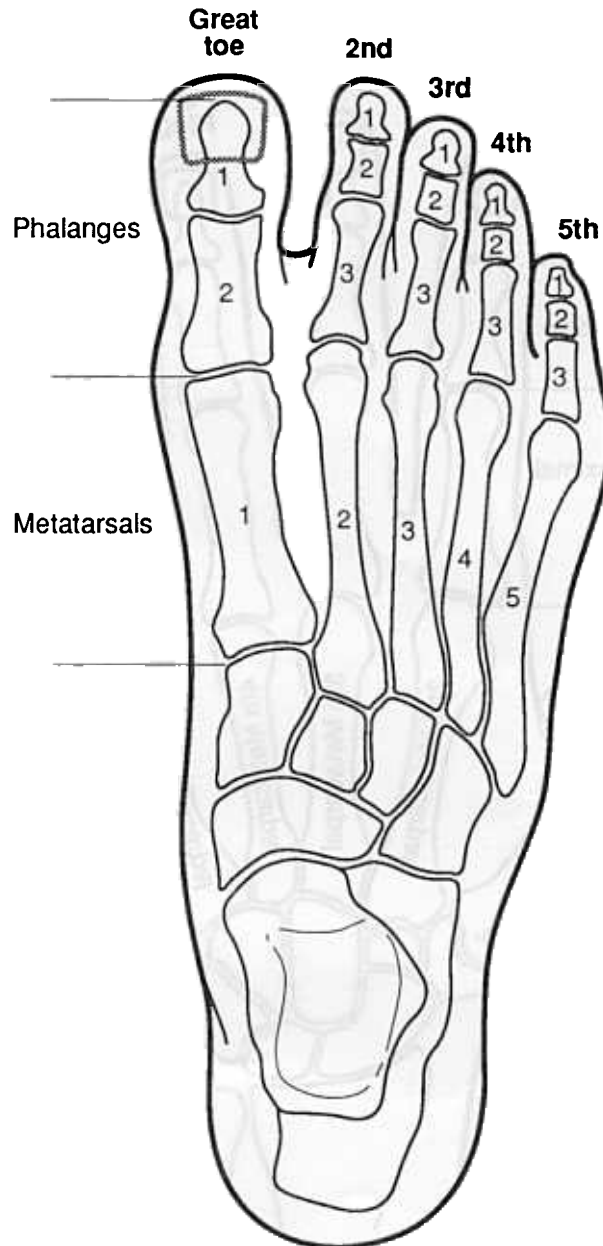
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Which foot?



See HAND on reverse
of this form

Signature			
Chart marked by	M.D.	Date	, 19